Safe, accurate, 2014 W-2 and EARNINGS SUMMARY Visit the IRS Web Site at www.lrs.gov/efile Employee Reference Copy This blue Earnings Summary section is included with your W-2 to help describe portions in more detail, Wage and Tax The reverse side includes general information that you may also find helpful. Statement 1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer, Copy C for employee's records. Dept. Cam. d Control number Employer use only Wi. State Income Tax Social Security Gross Pav 29408.09 1666.28 1243.54 022839 CHIC/2KE 020571 190 Tax Withheld Box 17 of W-2 Box 4 of W-2 Employer's name, address, and ZIP code SUI/SDI APPLETON COATED LLC Box 14 of W-2 Fed. Income Medicare Tay 2439.95 389 69 540 PROSPECT STREET COMBINED LOCKS WI 54113-0005 Tax Withheld Withheld Box 2 of W-2 Box 6 of W-2 2. Your Gross Pay was adjusted as follows to produce your W-2 Statement. Batch #03485 Medicare Wages, Tips, other Social Security WI. State Wages, e/f Employee's name, address, and ZIP code Compensation Box 1 of W-2 Wages Box 3 of W-2 Wages Box 5 of W-2 Tips, Etc. Box 16 of W-2 TIMOTHY G JACOBS W3053 DUNDAS ROAD **Gross Pay** 29,408.09 29,408.09 29,408,09 29,408.09 **BRILLION WI 54110** Less Other Cafe 125 2.182.60 2,182,60 2,182,60 2.182.60 Less Cafe 125 HSA (W-Box 12) 350.00 350.00 350.00 350.00 Employer's FED ID number | a Employee's SSA number Reported W-2 Wages 26,875.49 26,875,49 26.875.49 26.875.49 Wages, tips, other comp. 2 Federal Income tax withheld 26875.49 2439.95 02018 : 2 rais Pic #3,245 Social security wages Social security tax withheld 26875.49 1666.28 Medicare wages and tips 6 Medicare tax withheld 26875.49 389.69 8 Allocated tips 3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept. 10 Dependent care benefits 12a See instructions for hox 12 11 Nonqualified plans TIMOTHY G JACOBS Social Security Number: Wi 126 DD 1157.66 10460.78 Taxable Marital Status: MARRIED 14 Other Exemptions/Allowances: 12d i 13 Stat emp Ret, plan 3rd party sick pa FEDERAL: 0 15 State Employer's state ID no. 16 State wages, tips, etc. 036102010238504 26875.49 17 State income tax 1243.54 19 Local income tax 20 Locality name @ 2014 ADP, LLC Fold and Detach Here Wages, tips, other comp. 2 Federal income tax withheld 26875.49 2439.95 26875.49 2439.95 26875.49 2439.95 Social security wages 26875.49 Social security wages 26875.49 Social security tax withheld 1666, 28 Social security Social security tax withheld 1666, 28 Social security tax withheld 1666.28 y wages 26875.49 Medicare wages and tips 26875.49 Medicare tax withheld 389 . 69 Medicare wages and tips 26875, 49 Medicare tax withheld Medicare wages and tips 26875 , 49 389.69 389.69 d Control number Dept. Corp. Employer use only Control number Dept. Employer use only Control number Dept. Employer use only Com. 022839 CHIC/2KE 020571 190 022839 CHIC/2KE 020571 190 022839 CHIC/2KE 020571 190 Employer's name, address, and ZIP code Employer's name, address, and ZIP code Employer's name, address, and ZIP code APPLETON COATED LLC APPLETON COATED LLC APPLETON COATED LLC 540 PROSPECT STREET COMBINED LOCKS WI 54113-0005 540 PROSPECT STREET 540 PROSPECT STREET COMBINED LOCKS WI 54113-0005 COMBINED LOCKS WI 54113-0005 Social security tips 8 Allocated tips Social security tips 8 Allocated tips Social security tips 8 Allocated tips 10 Dependent care benefits 10 Dependent care benefits 10 Dependent care benefits 12a See instructions for box 12 W_I 1157.66 11 Nonqualified plans 11 Nonqualified plans 11 Nonqualified plans W 1157,66 1157.66 ^{12b} DD 12b DD ¹²⁶ DD 14 Other 14 Other 10460.78 14 Other 10460.78 10460.78 120 120 12c 120 12d 128 13 Stat emp. Ret, plan 3rd party sick pay 13 Stat emp. Ret. plan 3rd party sick pa 13 Stat emp. Ret. plan 3rd party sick pay e/f Employee's name, address and ZIP code e/f Employee's name, address and ZIP code e/f Employee's name, address and ZIP code TIMOTHY G JACOBS TIMOTHY G JACOBS TIMOTHY G JACOBS 5 State Employer's state ID no. WI 036102010238504 5 State Employer's state ID no. 16 State wages, tips, etc. WI 036102010238504 26875.49 5 State Employer's state ID no. 16 State wages, tips, etc. WI 036102010238504 2687 26875.49 26875.49 036102010238504 17 State income tax 17 State income tax 17 State income tax 18 Local wages, tips, etc. 18 Local wages, tips, etc. 18 Local wages, tips, etc. 1243.54 1243.54 1243.54 19 Local income tax 20 Locality name 20 Locality name 19 Local income tax 20 Locality name CUNVERNESS BRING Copy Federal Filing & Py:17 2 Wage and State Incom Wage and Tax Wage and Tax - Statement OMB No. 1545-0008 Wage and Tax employee's Federal Income Tax Helium. Statement

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2016 W-2 and EARNINGS SUMMARY



This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. Employee Reference Copy 2 Wage and Jax 2 The reverse side includes general information that you may also find helpful. Statement 1. The following information reflects your final 2016 pay stub plus any adjustments submitted by your sapicyer recover's moords. Corp. Grose Pay 31331, 99 Scolal Security 1888, 99 WI. State Income Tex 1020.79 Employer use only d Control number 022839 CHIC/2KE 020091 195 Fax Withheld Box 4 of W-2 SUI/SDI Employer's name, address, and 21P code APPLETON COATED LLC Box 14 of W-2 Fed, Income Tex Withheld 1985.34 Medicare Tax 540 PROSPECT ST COMBINED LOCKS WI 54113-1120 Withheld Box 2 of W-2 Box 8 of W-2 2. Your Gross Pay was adjusted as follows to produce your W-2 Statement. Batch #01608 Madicare Wages, Tips, other Social Security Wi. State Wages, Compensation Box 1 of W-2 Wages Box 5 of W-2 Wages Box 3 of W-2 Tipe, Etc. Box 16 of W-2 e/l Employee's name, address, and ZiP sade TIMOTHY G JACOBS Gross Pay 31,331.99 31,331,99 31,331,99 31.331.99 Loss 401(k) (D-Box 12) 725.68 3,172.43 725 88 N/A 3, 172.43 Less Other Cafe 125 3, 172.43 3,172.43 Employer's FEO ID number | a Employee's 88A number 950.00 950 00 950.00 950.00 Less Cafe 125 HSA (W-Box 12) Reported W-2 Wages 26,483.88 27,209 58 27,209.58 26,483.88 28483.88 1985.34 Social accurity wages Social security tax withheld 27209.56 1686,99 Medicaro wages and tips 27209.56 394.54 A Allocated tips Spelal security tips Vertication Code 10 Dependent care benefits 3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept. 02DC-B000-A50F-7015 2a Bee instructions for box 12 11 Nonquelilled plans TIMOTHY G JACOBS Social Security Number: 725.68 950.00 19607.84 12b W 120 DD Taxable Markal Status: MARRIED 14 Other Exemptions/Allowances: 12d | 13 6tel susp Rot, plan 3rd party sick pe FEDERAL: 0 STATE: 15 State Employer's state ID no. 18 Siste wages, tips, etc. 036102010238504 WI 26483.88 18 Local wages, tips, etc. 17 State Income tax 1020.79 19 Local Income tax 20 Locality name 0 2013 ADP. LLC 4 Fold and Detach Here # Wages, tips, other comp 2 Federal Income tax withheld 26483.88 1985.34 26483.88 1985.34 26483.88 1985.34 Social security wages 27209 . 56 Social escurity wages 27209,56 4 Social security tax withheld 1686.99 Social security wages 27209.56 Social accurity tax withheld tax withheld 1686.99 1686.99 Medicare wages and tips 27209, 56 Medicare tex withheld Medicare wages and tips 27209.56 Medicare wages and tips 27209.56 Medicare tax withheld Medicere tax withheld 394.54 394.54 394.54 Employer use only Dept d Control number Papt Carp. Control number Dept Employer use only Control number Corp. Employer use only 195 022839 CHIC/2KE 020091 022839 CHIC/2KE 020091 022839 CHIC/2KE 020091 195 Employer's name, address, and ZIP code Employer's name, address, and ZIP code Employer's name, address, and ZIP code APPLETON COATED LLC APPLETON COATED LLC APPLETON COATED LLC 540 PROSPECT ST COMBINED LOCKS WI 54113-1120 540 PROSPECT ST 540 PROSPECT ST COMBINED LOCKS WI 54113-1120 COMBINED LOCKS WI 54113-1120 b Employer's PED ID number | a Employoo's BSA number Employer's FED ID number | a Employee's SSA number Employer's FED ID number | a Employee's SSA number Social security tips 8 Allocated tipe 10 Dependent care benefits 10 Dependent care benefits 10 Dependent care benefits 02DC-B000-A50F-7015 11 Monquelified plans 12s See Instructions for box 12 D1 725.68 11 HongualElad plant 725.68 725.68 14 Dibet 195 25 14 Other W W 950.00 14 Other W 950.00 950.00 120 DD 720 DD 120 DD 19607.64 18607.64 19607.64 124 128 124 p'an 3rd party slot pay 13 Stat en 13 Statema and porty stake eff Employee's name, address and ZIP of e/l Employee's name, address and ZIP code s/l Employeo's name, address and ZIP cod IMOTHY G JACOBS TIMOTHY G JACOBS TIMOTHY G JACOBS State wages, tipe, etc. 26483 .88 15 State Employer's state ID no. 16 State WI 035102010238504 ; 6 State Employer's state ID no. 16 State WI 036102010238504 15 State Employer's state ID no. 16 WI 036102010238504 tipe, etc. 26483.88 ips, etc. 26483.88 17 State Income tax 18 Local wages, tipe, stc. 17 State income tax il Local wages, tips, etc. 17 State Incor un fax 18 Local wages, tips, etc. 1020.79 1020.79 19 Local Income tax 19 Local Income for 20 Locality name 20 Locality name 19 Local income lax 20 Locality name Will State Filling Gop) Wage and have a light of the li Wistale Releasing Copy
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HEALTH COVERAGE ALTERNATIVES

Effective 01/01/2011

Carrier	Network Health Plean APPINITY HEALTH WATER				
	Base	Buy-Up Option 1	Buy-Up Option 2	Buy-Up Option 3	
Provider Network	Affinity HSA HMO Plan	Affinity HSA POS Plan	Affinity HMO Plan	Affinity POS Plan	
Deductible	*				
n-Network (Single / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$1,000 / \$2,000	
Out-of-Network (Single / Family)	N/A	\$3,000 / \$6,000	N/A	\$2,000 / \$4,000	
Coinsurance					
n-Network	100%	100%	80%	80%	
Out-of-Network	N/A	80%	N/A	60%	
Out-of-Pocket Max	Includes Deductible	Includes Deductible	Includes Deductible	Includes Deductible	
n-Network (Single / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000	
Out-of-Network (Single / Family)	N/A	\$5,000 / \$10,000	N/A	\$6,000 / \$12,000	
Lifetime Maximum (per Member)	Unlimited	Unlimited	Unlimited	Unlimited	
Office Visits					
n-Network	Ded, 100% Coins	Ded, 100% Coins	\$30 (PCP), \$60 (SCP) Copays	\$30 (PCP), \$60 (SCP Copays	
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins	
Routine/Preventive Care		_ ::, ::// :://		tu, 5076 comb	
n-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage	
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded., 60% Coins	
npatient Hospital Services	1,111	200, 0070 Como	1771	Dea. , 0070 comb	
n-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 80% Coins	Ded, 80% Coins	
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins	
Outpatient Hospital Services	1,1,1	200, 0070 Coms	17/14	BCC, 0070 COMB	
n-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 80% Coins	Ded, 80% Coins	
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins	
Jrgent Care	IVA	Bad, 8076 Coms	IVA	Dai, 0076 Coms	
n-Network	Ded, 100% Coins	Ded, 100% Coins	\$100 Copay	\$100 Copay	
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins	
Emergency Room	1071	Ded, 0070 Coms	14/71	Dai, 0070 Coms	
n-Network	Ded, 100% Coins	Ded, 100% Coins	\$200 Copay	\$200 Copay	
Out-of-Network	Ded, 100% Coins	Ded, 100% Coins	\$200 Copay	\$200 Copay \$200 Copay	
Retail Prescription Drugs	Ded Applies First, then:	Ded Applies First, then:	5200 Copay	3200 Copay	
Generic	Dea ripplies I trst, then.	Dea rippites i tisi, titett.			
Brand	100% Coverage	100% Coverage	\$20 / \$40 / \$60 / \$60 /	\$20 / \$40 / \$60 / \$60	
Non-Formulary	10070 Coverage	10070 Coverage	\$100	\$100	
Mail Order Prescription Drugs	Ded Applies First, then	Ded Applies First, then:			
Generic	Dea Applies Pusi, men	Dea Applies First, then:			
Brand	100% Coverage	100% Coverage	\$55 / \$105 / \$180	\$55 / \$105 / \$180	
Von-Formulary	10070 COVERAGE	10070 COVELAGE	ΨΙΟΟΙΦ / ΕΟΙΦ / ΕΕΦ	010 / CO10 / CC4	
Rates					
Employee	\$335.05	\$359.54	\$401,29	\$435.24	
Employee/Spouse	\$333.03	\$339.34 \$768.86	\$858.13	\$435.24 \$930.73	
Employee/Child(ren)	\$570.27	\$611.95	\$682.99	\$930.73 \$740.78	
amily	\$996.32				
Employee Monthly Contribution	\$770.32	\$1,069.15	\$1,193,28	\$1,294.23	
imployee Monthly Contribution	\$67.01	D \$01.50	T 9122.25	D \$147.20	
imployee/Spouse	\$143.30	\$91.50 \$195.67	\$133.25 \$284.94	\$167.20	
	\$143.30			\$357.54	
mnlovee/Child(ron)	I LI 3114.03	, \$155.73	\$226.77	\$284.56	
Employee/Child(ren) Samily	\$199.26	\$272.09	\$396.22	\$497.17	

Signature

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

NOTE: This benefit comparison will not replace the benefit grid that is furnished by Network Health Plan/Network Health Insurance Corporation and approved by the Office of the Commissioner of Insurance.

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Financial Group or vendors of plan provisions or level of payments.

DENTAL COVERAGE - UNION

Effective 1.1.2011

Carrier	DEN In-Network/C	IANA NTAL Dut-of-Network	
Deductible (Single/Family)		/ \$150	
Annual Maximum per member	\$1,000		
Preventive Services	No De	ductible	
Oral Exams Routine Cleanings X-Rays Topical Fluoride Sealants	100%	80%	
Basic Services	Deductib	Deductible Applies	
Amalgam/Composite Fillings Extractions (Non-Surgical & Surgical) Full & Partial Denture Repair	80%	50%	
Endodontics (Simple & Complex) Periodontics (Simple & Complex)	50%		
Major Services	Deductible Applies		
Porcelain Crowns Inlays/Onlays Partial or Complete Dentures Removable or Fixed Bridgework	50%	50%	
Orthodontics Deductible Benefits Paid At Lifetime Maximum	No Co	overage	
Rates	Current	Renewal	
Employee 15	\$19.86	\$21.39	
Employee/Spouse 10	\$45.13	\$48.62	
Employee/Child(ren) 7	\$38.17	\$41.09	
Family 15	\$64.22	\$69.16	
Monthly Employer Contribution Employee Employee/Spouse Employee/Child(ren)	\$17.87 \$40.62 \$34.35	\$19.25 \$43.76 \$36.98	
Family	\$57.80	\$62.24	
Monthly Employee Contribution Employee Employee/Spouse Employee/Child(ren) Family	\$1.99 \$4.51 \$3.82 \$6.42	\$2.14 \$4.86 \$4.11 \$6.92	

Waive	Coverage:
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Signature

12-21-10 Date

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

This constitutes only a summary of the Dental plan involved. The actual contract or plan document must be consulted to determine the governing contractual provision, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Financial Group or vendors of plan provisions or level of payments.